RESPITE CARE AGREEMENT

For use of this form, see AR 608-75; the proponent agency is OACSIM

As a condition of receiving respite care services for the individual with a disal/we agree to the following:	ability in my/our care,
I/we shall not hold theres	sponsible or liable in any
way whatsoever as a result of any incident which might be construed to affect a safety, or welfare of the person with a disability or other member of the same he caregiver's charge, while he or she is cared for by a respite caregiver.	-
I/we shall provide the Respite Care Coordinator and caregivers of the Respit the necessary facts to enable the individual with a disability to be cared for in a responsive manner including:	<u> </u>
Clear, written instructions on medical care and the giving of medication.	
Where I/we can be reached while the individual with a disability is in the care names and telephone numbers of an emergency contact and physician.	egiver's charge, and the
Clear, written descriptions of the special needs, capabilities, likes and dislike of the individual with a disability.	es, important habits, etc.,
I/we shall make the final decisions whether or not to utilize the services of a the respite period.	particular caregiver for
I/we shall inform the Respite Care Coordinator of other household members or supervision in my/our absence, and of any special household circumstances would need to be aware.	
I/we shall pay the contribution agreed upon directly to the caregiver in cash, respite period.	upon completion of the
The Respite Care Coordinator shall have my/our permission to arrange for a our family member with a disability, if he/she is unable to contact us (or the perresponsible in our absence) to inform us that the caregiver initially providing cathe respite period.	son designated by us as
I/we shall provide on request to the Respite Care Coordinator my/our assess of a caregiver who has provided a respite care service to me/us in order to assi the overall performance of that caregiver and/or the program.	
SIGNATURE OF PARENT, GUARDIAN, OR RESPONSIBLE FAMILY MEMBER	DATE (VOVVAMADD)
DIGNATURE OF FAREINT, GUARDIAIN, OR RESPONSIBLE FAMILY MEMBER	DATE (YYYYMMDD)
SIGNATURE OF RESPITE CARE COORDINATOR	DATE (YYYYMMDD)
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